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INSTITUTE OF SOCIAL
MEDICINE

10, PARKS ROAD,
OXFORD

RADNOR COUNTY COUNCIL

(EDUCATION COMMITTEE)

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

1947.

F. J. H. CRAWFORD, M.D., B.Sc., D.P.H.

BARRISTER-AT-LAW.

W R Crowe, Printer, Presteigne.



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TO THE CHAIRMAN AND MEMBERS
OF THE
RADNORSHIRE EDUCATION COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Report on the work of the School Health Service in Radnorshire for 1947, which relates to the first year of my work as School Medical Officer.

On the whole the health of the school population continued to be satisfactory. The epidemic of Poliomyelitis which affected the whole of the country did, however, lead to three cases of this disease occurring among the school children of the County. Fortunately none of these children died, but one has some residual paralysis.

During the early part of the year the service was much handicapped by the arctic winter, although wonderful work was done by the nurses in visiting, under very trying conditions, school children needing treatment.

An attempt was made during the year to continue implementation of the Education Act, 1944, in so far as the School Health Service was concerned. Much, however, remains to be done and complete implementation is difficult of attainment as the Education Act, 1944, like many other Statutes, appears to have been drafted with urban conditions in view rather than those of an area such as Radnorshire, where in fact the density of population is lower than in any other County in England and Wales, and where, moreover, geographical factors make the establishment of school clinics and other services extremely difficult.

During the year the Chairman and members of the Committee, the Director of Education and his staff and the teachers at the schools have been most helpful. I must also pay tribute to the assistance of the County Nursing Superintendent and her staff of devoted nurses and to the clerical staff of the County Health Department.

I am,

Your obedient Servant,
F. J. H. CRAWFORD,
School Medical Officer.

County Health Offices,

LLANDRINDOD WELLS,

Report of the School Medical Officer for the Year, 1947.

INTRODUCTION.

The following Table shows the number of Primary and Secondary School Children in the various Schools and the average attendance at the end of the second quarter of 1947.

Name of School.	Average No. on Books.	Average Attendance.
A. Primary Schools		
Abbeycwmhir	19	19
Aberedw	14	11
Beguildy	37	32
Bleddfa	17	15
Boughrood	35	29
Bwlchysarnau	19	18
Clyro	37	28
Crugybyddar	17	15
Cwmduddwr	89	84
Evancoyd	33	31
Ffynnongynydd	33	28
Franksbridge	44	38
Gladestry	34	30
Heyope	21	19
Howey	40	39
Knighton	188	175
Llaithddu	31	26
Llanbadarnfawr	54	46
Llanbister	57	51
Carried forward	819	734

Brought forward	819	734
Llanbister Cantal	18	16
Llandegley	31	29
Llandewy	46	41
Llandilo Graban	32	28
Llandrindod Wells C. of E.	122	107
Llandrindod Wells Council	216	193
Llanelwedd	36	33
Llanfihangel-Rhydithon	40	35
Llangunllo	49	45
Llanyre	75	70
Llowes	17	14
Lower Llanedw	10	8
Nantmel C. of E.	31	25
Nantmel Gaufron	13	12
Nantmel St. Mark's	13	11
Nantgwyn	31	28
Newchurch	26	21
New Radnor	61	56
Norton	22	22
Old Radnor	59	52
Painscastle	39	32
Pencerrig	36	34
Presteigne Council	66	62
Presteigne C. of E.	84	80
Rhayader	56	50
St. Harmon	23	22
Stanage	13	12
Whitton	52	49
B. Secondary Schools		
Llandrindod Wells	369	342
Presteigne	175	164
Total School Population of County ...	2680	2427

School Premises.

The School Medical Officer during his visit to each school takes note of the hygienic conditions of the premises. When necessary special reports are sent to the Director of Education and the School Architect calling attention to defects which should be remedied. It may be said that many of the schools are hygienically below the standard nowadays considered desirable. Great difficulties, however, have to be encountered in the provision of schools in Radnorshire. In particular there is perhaps no other county with so large a proportion of small schools and the cost of modernising is thus far greater than in a larger county or one where the population is less scattered.

Medical Inspections.

Medical inspections of children in the schools maintained by the Education Authority are regularly carried out. These inspections are of three kinds—

Routine inspections, Special inspections and
Re-inspections.

Routine inspections are those of the groups prescribed by the Minister of Education in the Handicapped Pupils and School Health Service Regulations, 1945. These regulations state that

- (a) every pupil who is admitted for the first time to a maintained school shall be inspected as soon as possible after the date of his admission ;
- (b) every pupil attending a maintained Primary School shall be inspected during the last year of his attendance at such a school ;
- (c) every pupil attending a maintained Secondary School shall be inspected during the last year of his attendance at such a school ; and
- (d) every pupil attending a maintained school or County College shall be inspected on such other occasions as the Minister may from time to time direct or the Authority with the approval of the Minister may determine.

Special inspections are those of children who are brought for examination before the School Doctor because of some alleged defect; such children may be brought for examination on the representation of the parent, the teacher, or the nurse.

Re-inspections are medical examinations of children who at previous inspections have been found to have defects.

The number of routine inspections, namely 735, shows an increase of 127 as compared with the previous year. The number of special inspections and re-inspections, namely 99, shows a decrease of 441 as compared with the previous year.

Findings at Medical Inspections.

CLOTHING. With very few exceptions the clothing of the school children in the County both as regards sufficiency and cleanliness was satisfactory.

HEIGHT and WEIGHT. These are always measured before any medical inspection as they are a useful pointer in the assessment of nutrition. It was found, however, that most of the weighing machines in the County were unreliable and arrangements were accordingly made for their inspection by the County Inspector of Weights and Measures.

Mr. Powell reported that many of the scales were quite unuseable but that some could be made efficient at reasonable cost.

As a result of this report, the Committee decided that some of the Weighing Machines should be discarded and those capable of being made efficient should be sent to the manufacturers for repair and adjustment.

NUTRITION. The assessment of the state of nutrition during a short medical examination is extremely difficult and the results of the assessment of nutrition made by different Medical Officers may vary widely. The results of the School Medical Officer's estimate of the nutritional states of the children were as follows:—

A. (Good)	...	15.0%
B. (Fair)	...	80.0%
C. (Poor)	...	5.0%

No useful purpose will be served by comparing these statistics with those of the previous year.

INFESTATION.

The number of examinations carried out by the School Nurses for infestation with head lice was 6,317, as compared with 5,393 in the previous year. 210 children were found to be infested, as compared with 216 for 1946. In the vast majority of these cases further visits by the Nurses were effective in bringing about an improvement in the cleanliness of the children's heads and in no case was it found necessary to take legal action under the Education Act, 1944.

DEFECTIVE VISION.

76 children were found at routine medical inspection to be suffering from defective vision and of these 63 were recommended for treatment and 13 were kept under supervision.

EAR DISEASE AND DEFECTIVE HEARING.

4 cases of defective hearing were referred for treatment.

DEFECTS OF THE NOSE AND THROAT.

72 children were found at medical inspection to have defects of the nose and throat and 7 were referred for treatment. 65 were kept under observation.

Following up :—

The "Following Up" of Medical Inspections is carried out by the School Nurses. They visit the homes of children who have been found at inspections to have defects and encourage parents to seek treatment for these defects. The School Nurses who carry out this work in this County are the District Nurses employed by the Radnorshire County Nursing Association and their school health work is but one facet of the many duties for which they are responsible.

The great advantage of this system is that there is continuity of health supervision throughout life, as the Midwife is also the Health Visitor and School Nurse, in addition to acting as a General Nurse, Tuberculosis Visitor, Mental Deficiency Visitor, etc. It is, of course highly desirable that as soon as possible all Nurses acting as School Nurses should hold the Health Visitor's qualification. At present, apart from the Superintendent Nursing Officer, only one District Nurse is so qualified.

Medical Treatment.

Under Section 48 of the Education Act, it is the duty of the Local Education Authority "to make such arrangements for securing the provision of free medical treatment for pupils in attendance at any school maintained by them as are necessary for securing that comprehensive facilities for free medical treatment are available to them." These facilities are not, however, to include treatment in a pupil's home, but include hospital treatment, for the cost of which the Local Education Authority assumed responsibility.

Treatment of Defective Vision and Squint.

Early in the year Dr. H. Woodward Barnes, of Hereford, was appointed part-time School Oculist, and during the year Eye Clinics were held at the County Buildings, Llandrindod Wells (6 sessions), Church Hall, Knighton (4 Sessions), and at the Village Hall, Clyro (2 sessions), at which 101 children were examined by him. The Eye Specialist prescribed spectacles or new lenses in 72 cases. In 10 cases no change of treatment was recommended.

Treatment of Ear, Nose and Throat Defects.

Operations were performed under the Local Education Authority's Scheme on 5 children who were suffering from adenoids and chronic tonsillitis, these operations being carried out at the Llandrindod Wells Hospital. In addition one child was admitted to the Birmingham Ear and Throat Hospital for removal of adenoids and tonsil remnants.

One child suffering from Left Otitis Media was treated at the Shrewsbury Eye, Ear and Throat Hospital.

Orthopædic Treatment.

Under a long standing arrangement with the Robert Jones and Agnes Hunt Orthopædic Hospital, regular clinics are held in the county at Llandrindod Wells to which children having orthopædic defects are referred for advice and treatment and after care is given. When necessary such children are admitted to the Hospital. This service is most efficient and is much appreciated.

DENTAL INSPECTION AND TREATMENT.

Is carried out in the schools by the whole-time School Dental Officer, Miss Eileen Rich, L.D.S., (Bristol).

The efficiency of this service is considerably hampered by the lack of a Dental Attendant. The present arrangement is for the District Nurse, if available, to do this work, but as she only occasionally accompanies the Dentist, she cannot be expected to remember the Dentist's routine or the procedures which are carried out, nor can she be expected to know, for example, the type of forceps which may be required for a particular operation. As a result a great deal of the Dentist's time is wasted in doing routine work which could be easily done for her by a less highly qualified person.

Comment should also be made on the introduction of an orthodontic service for children. "Orthodontic" treatment corrects irregularities of the teeth. This can only be carried out in childhood and is very important, as gross irregularities of the teeth in addition to interfering with the chewing of food may, by spoiling a child's looks, lead in later life, especially in the case of girls, to much unhappiness and even maladjustment. Orthodontic treatment is carried out as a rule by applying a regulation plate until the desired improvement is obtained. This procedure is quite painless but very effective.

The School Dental Officer's Report for 1947 is as follows:—"The statistics relating to my work are given in Table IV. (found later in the Report). In these statistics no numbers occur under the heading "specials" due to a misunderstanding regarding the interpretation of this term, but this matter has now been rectified. The general acceptance rate of the County appears quite good at an average of 74% for the whole of Radnorshire. The figure of 71% requiring treatment in the County is a high one but a considerable percentage of these are children requiring very little treatment, perhaps one filling, one or two extractions of milk teeth or a scaling to ensure dental fitness. Since the average consent rate has gone up since 1946 it is probable that the figure of dental disease will be lower next year. The ratio of fillings to extractions of permanent teeth is satisfactory and shows that wherever possible teeth are saved rather than taken out. The extraction figure for temporary teeth is naturally much higher than that for the filling of these teeth due to the quick rate at which many temporary teeth decay and to the fact that they may require extraction to make room for the permanent teeth ready to come through.

The other operations on the permanent teeth come in the category of scaling, gum treatment and sedative dressings in teeth, later to be filled if possible.

A partial one tooth denture is also included under the heading of other operations to the permanent teeth, also one set of impressions for an orthodontic plate, such treatment now being available through the school dental service.

The other operations on temporary teeth are those relating to silver nitrate treatment of these teeth.

E.R."

Handicapped Pupils.

The Minister of Education in the Handicapped Pupils and School Health Service Regulations, 1945, has declared that the following categories of children require special educational treatment, namely, the blind, the partially-sighted, the deaf, the partially-deaf, the delicate, the epileptic, the educationally sub-normal, the diabetic, the maladjusted, the physically handicapped and those with speech defects. By far the largest number of handicapped pupils are the "educationally sub-normal pupils, that is to say pupils who, by reason or limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools", and altogether it is believed that these may number as many as 10% of the school population of England and Wales.

The great majority of educationally subnormal pupils have sufficient intelligence to benefit from the education given in a special class for backward children in an ordinary school where such classes can be arranged but about 1% of registered pupils may be expected to be so backward that they need education in a special school. Selection (or "ascertainment" as it is called) of all Handicapped Pupils is carried out by Medical Officers recognised by the Ministry of Education for the purpose.

The following figures show the number of Handicapped Pupils ascertained during the year in Radnorshire by the School Medical Officer. 18 pupils were ascertained to be educationally sub-normal, of whom 12 pupils were recommended for Special Schools and 6 for a special class in an ordinary school. 2 pupils were found to be maladjusted, one of whom was admitted to Sheet House, Ludlow, a residential school for maladjusted pupils maintained by the Shropshire Education Committee. 4 pupils were found to be ineducable and reported to the Mental Deficiency Acts Committee under Section 57(3) of the Education Act, 1944.

In addition 17 children need treatment on account of Defective Speech.

The problem of getting the right type of education for these Handicapped Pupils, particularly the educationally sub-normal pupils, is very difficult. The rural schools in this county are too small to allow special classes to be set up. Centralized classes may be the solution, but their establishment would necessitate the provision of increased transport.

For the more backward pupils who need admission to a special school the population of Radnorshire is too small to warrant the establishment of a Special School by the Local Education Authority.

Concerted action by neighbouring Education Authorities leading to the setting up of a central special school to serve several counties appears to be required. No doubt the Joint Education Committees for Wales will deal with the matter in which speedy action is desirable. Joint action for the provision of Speech Therapy is also desirable.

Infectious and Contagious Diseases.

During the year no schools were closed by the School Medical Officer, under Article 45 (b) of the code. One school was closed for 3½ days by the District Medical Officer of Health, for Poliomyelitis while the School Medical Officer was on leave.

Under Article 53 (b), certificates of exclusion were granted in respect of individual children suffering from infectious and contagious diseases as follows :—

Infectious Diseases—Chicken Pox 26; German Measles 4; Measles 148; Mumps 2; and Whooping Cough 3.

Contagious Diseases—Impetigo 2; Ringworm 1; and Scabies 1.

Notifications of Infectious and Contagious diseases occurring in the Schools are made by the Head Teachers. One copy of the notification is retained at the school, one is sent to the School Medical Officer and one to the District Medical Officer of Health. In this way good co-ordination is effected between the District Medical Officer of Health, who is primarily responsible for taking measures necessary to prevent the spread of infectious disease, and the School Medical Officer, who is responsible for the health supervision of the children in the schools.

There was a great increase in the number of cases of measles. 148 children were notified by Head Teachers as suffering from this disease as compared with 16 in the previous year. It is gratifying to be able to report that no case of Diphtheria occurred in the school population during the year and this reflects the success in past years of the Diphtheria Immunisation campaign. In addition the lack of cinemas, except in the four larger centres of the County, and the fact that similar organised and crowded amusements are less commonly arranged in this County than in larger and more populous Counties, renders the spread of infectious disease less likely.

During the year there were, however, 3 cases of Poliomyelitis among school children, one being at Cross-gates, one Rhayader and one at Presteigne. Fortunately none of these cases died but one remains slightly paralysed.

The low incidence of Contagious Diseases among the school children of the County reflects the generally satisfactory standard of personal cleanliness.

Diphtheria Immunisation.

Diphtheria immunisation of school children is carried out by General Practitioners, and also by the School Medical Officer in the schools as required.

Health Education.

The teachers in all the schools give regular talks on Hygiene following the advice set forth in the Ministry of Education Handbook of suggestions on Health Education. It is unfortunate that we have not yet been able to arrange for talks to school children by the School Dental Officer or the School Nurses but such talks would be helpful. This is a matter in which qualified Health Visitors, who receive training in Health Education methods, can accomplish a great deal.

Physical Training.

No Physical Training Organiser is employed in this County. It might be said that an important part of the physical training of many of the children attending our schools, in spite of the provision of transport, is given by the long walks which they have to undertake from their homes to school or to the nearest point at which the bus can pick them up. As a result of their outdoor life the children in our Radnorshire schools tend on the whole to be physically very fit. In some schools there was, however, an undue incidence of defects of posture and flat feet. In such cases remedial exercises could well be included in the school curriculum to prevent such defects.

School Meals.

The highly beneficial results of the provision of school meals are well known. The establishment of the school meals service has been perhaps the greatest contribution ever made towards bettering the health of the school child. Every school in the County has an efficient canteen. In the smaller schools the meals may be regarded as "home-made". In these cases particularly there is a personal and intimate quality about the service which is very pleasing, and the meal itself is taken almost as a family, the children and the teacher in some cases sitting around one table.

The milk in schools scheme also continues to be of great benefit to the children.

STATISTICAL TABLES.

Visits by School Nurses.

The following visits have been made by the School Nurses during the Year 1947:—

First visits to Schools for Cleanliness	209
Re-visits to Schools for Cleanliness	148
Visits to Homes for Cleanliness	259
Following-up visits for Physical Defects	1700
Visits to Schools for	
Infectious and Contagious Diseases	94
Visits to Homes for Infectious Diseases	654
Visits to Homes for Contagious Diseases	443
	<hr/>
	3507

Physically Handicapped Children.

During the year 3 school children were admitted to the Robert Jones and Agnes Hunt Orthopædic Hospital; they suffered from Injury to ankle, Fracture of Right arm and Poliomyelitis respectively.

Particulars of attendances of Radnorshire school children at the Orthopædic After-Care Centres are as follows:—

Centre.	New Cases.	Atten- dances.	Old Cases.	Atten- dances.
Llandrindod Wells	10	15	9	30
Newtown	1	1	—	—
Craven Arms	—	—	1	1
Leominster	1	1	—	—
Ludlow	—	—	1	8
	<hr/>	<hr/>	<hr/>	<hr/>
	12	17	11	39

TABLE I.

Medical Inspections of Pupils Attending maintained Primary & Secondary Schools.

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—

Entrants	...	389
Second Age Group	...	281
Third Age Group	...	65
Total	...	735

B.—OTHER INSPECTIONS.

Number of Special and Re-inspections	99
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C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group. (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table II (A) (3)	Total individual pupils. (4)
Entrants	16	43	58
2nd Age group	28	34	60
3rd Age Group	7	13	18
Total (prescribed groups)	51	90	136
Other Periodic Inspections	—	—	—
Grand Total	51	90	136

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1947.

Defect Code No.	DEFECT OR DISEASE.	Periodic Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4.	Skin	3	4	—	—
5.	Eyes—(a) Vision	51	7	12	—
	(b) Squint	12	6	1	1
	(c) Other	1	10	—	3
6.	Ears—(a) Hearing	4	5	1	2
	(b) Otitis Media	—	3	1	—
	(c) Other	—	—	—	—
7.	Nose or Throat	7	65	4	8
8.	Speech	2	1	2	3
9.	Cervical Glands	—	6	—	2
10.	Heart and Circulation	—	14	—	7
11.	Lungs	—	27	—	4
12.	Developmental—(a) Hernia	—	—	1	1
	(b) Other	—	—	—	—
13.	Orthopaedic—(a) Posture	11	10	2	—
	(b) Flat foot	38	21	1	2
	(c) Other	4	16	1	—
14.	Nervous system—(a) Epilepsy	—	3	—	1
	(b) Other	—	6	—	—
15.	Psychological—(a) Development	5	—	19	—
	(b) Stability	—	—	2	—
16.	Other	3	12	1	2

B.—Classification of the General Condition of Pupils
Inspected during the Year in the Age Groups.

Age Groups.	Number of Pupils Inspected.	A. (Good)		B. (Fair)		C. (Poor)	
		No.	Per cent- age of col. 2.	No.	Per cent- age of col. 2.	No.	Per cent- age of col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	389	61	15·7	312	80·2	16	4·1
2nd Age Group	281	40	14·2	224	79·7	17	6·1
3rd Age Group	65	9	13·9	52	80·0	4	6·1
Other Periodic Inspections	—	—	—	—	—	—	—
Total	735	110	15·0	588	80·0	37	5·0

TABLE III.

TREATMENT TABLES.

Group I—Minor ailments (excluding Uncleanliness).

(a)	Number of Defects treated, or under treatment during the year.
Skin—	
Ringworm—Scalp—	
(i) X-Ray treatment	—
(ii) Other treatment	—
Ringworm—Body	3
Scabies	7
Impetigo	15
Other skin diseases	2
Eye Disease	28
(External and other, but excluding errors of refraction, squint and cases admitted to hospital).	
Ear Defects	11
Miscellaneous	5
(e.g. minor injuries, bruises, sores, chilblains, etc).	
Total	71

(b) The Authority has no minor ailments clinics.

Group II—Defective Vision and Squint (excluding Eye Disease treated as Minor Ailments—and included in Group I.

	No of defects dealt with.
Errors of Refraction (including squint)	101
Other defect or disease of the eyes (excluding those recorded in Group I)	1
Total	102

No. of Pupils for whom spectacles were	
(a) Prescribed	72
(b) Obtained	72

Group III—Treatment of Defects of Nose and Throat.

	Total number treated.
Received operative treatment—	
(a) for adenoids and chronic tonsillitis	5
(b) for other nose and throat conditions	—
Received other forms of treatment	—
Total	5

Group IV—Orthopaedic and Postural Defect.

(a) No. treated as in-patients in hospitals or hospital schools	3
(b) No. treated otherwise e.g. in clinics or out-patients departments	23

Group V—Child Guidance Treatment and Speech Therapy.

No. of pupils treated—	
(a) under Child Guidance arrangements	—
(b) under Speech Therapy arrangements	—

TABLE IV.

Dental Inspection and Treatment.

(1)	Number of pupils inspected by the Authority's Dental Officer:—	
	(a) Periodic Age Groups	2182
	(b) Specials	—
	(c) Total (Periodic and Specials)	2182
(2)	Number found to require treatment	1540
(3)	Number actually treated	1142
(4)	Attendances made by pupils for treatment	1252
(5)	Half-days devoted to:—	
	(a) Inspection	43
	(b) Treatment	290
	Total	333
(6)	Fillings:—	
	Permanent Teeth	459
	Temporary Teeth	59
	Total	518
(7)	Extractions:—	
	Permanent Teeth	92
	Temporary Teeth	905
	Total	997
(8)	Administrations of general anaesthetics for extractions	—
(9)	Other Operations:—	
	Permanent Teeth	78
	Temporary Teeth	9
	Total	87

TABLE V.

Infestation with Vermin.

(i) Total number of examinations in the schools by the school nurses or other authorized persons	6317
(ii) Total number of individual pupils found to be infested	210
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	—
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	—

